



# MARYLAND

## Department of Health

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### **MARYLAND BOARD OF SOCIAL WORK EXAMINERS**

4201 Patterson Avenue,  
Baltimore, Maryland 21215 – 2299  
Web Site: [www.health.maryland.gov/bswe](http://www.health.maryland.gov/bswe)

Phone Number: 410-764-4788  
Toll Free: 1-877-526-2541  
Fax: 410-358-2469

### **EMPLOYMENT CERTIFICATION: ONLY FOR ENDORSEMENT FOR GREATER THEN 5 YEARS**

The enclosed employment certification form must be used by an applicant to document that they completed at least 1,000 hours per year of compensated social work practice for 5 years out of the 10 years preceding application to the Board.

If additional forms are needed, you may photo copy this form.

The **UPPER PORTION** is completed by the applicant.

The **LOWER PORTION** completed by the Director or Personnel Officer,

If the applicant has been in **PRIVATE PRACTICE** the lower portion is completed by a **PROFESSIONAL COLLEAGUE**.

**ALL ITEMS MUST BE COMPLETED.** The employer should return the completed form to you. You may open it to determine if the employer completed the entire section.



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### EMPLOYMENT CERTIFICATION FORM

For Licensure By Endorsement for Applicants with 5 years out of the past 10 years of SW Practice at an Advanced Licensure Level

Name  License No  Application ID

**THE FOLLOWING IS COMPLETED BY THE APPLICANT, THEN FORWARD TO THE EMPLOYER.**

I am applying for Maryland Social Work license as a:

- Licensed Certified Social Work "LCSW"       Licensed Certified Social Work - Clinical "LCSW-C"

Applicant's Name

Address  City  State  Zip Code

Agency or Practice Name

Address

City  State  Zip Code

**APPLICANT'S AFFIDAVIT**

I do solemnly declare and affirm, under the penalties of perjury, the above information is true and correct.

Signature \_\_\_\_\_ Date

**THE FOLLOWING SECTION IS TO BE COMPLETED BY THE EMPLOYER (PLEASE COMPLETE THE ENTIRE SECTION)**

This section is to be completed by the Director or Personnel Officer at the agency where the applicant was employed at an advanced licensure level such as a Licensed Certified Social Worker or a Licensed Certified Social Worker- Clinical.

I certify that the applicant,   , was employed by the agency named above

(position held)  ----- OR -----  in a private practice

Dates of Employment: From  To

The applicant, named above, completed  hours, per YEAR, of advanced social work practice.

Was the social work practice clinical social work?  Yes  No (This question must be answered.)

Name of person completing the form  Title

- Employer     Professional Colleague

**EMPLOYER'S AFFIDAVIT**

I do solemnly declare and affirm, under the penalties of perjury, that the above statement(s) are true and correct.

Signature \_\_\_\_\_ Date  Title

**PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE**